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Editorial.

THE NURSING IN HOME HOSPITALS.

The adequate care of patients in nursing homes is a subject which, from time to time, is forced prominently upon the attention of the public, and is certainly a matter which calls for consideration. The public enter such homes in order to obtain the best nursing skill. They pay high fees—fees which cover the cost of good nursing—but too often they do not obtain it. In some of these institutions the nursing, we know, is all that can be desired. Not only is a staff of thoroughly trained nurses—sufficing for ordinary requirements maintained, but, in times of extra stress, certificated and experienced nurses from good co-operations are employed. Thus, the best nursing care is given to the patients, they receive the expert attention for which they pay.

But in many homes it is quite otherwise: if the commercial instead of the professional element predominates, as it does in too many instances, the employment of competent nurses, is one of the first items in which an economy is effected, for skilled nursing is expensive. So it comes to pass that first the night nursing is curtailed. Why keep on a double staff of nurses, why should not the day nurse sleep in the patient's room at night? The nurse who respects her calling will at once give the following reasons:—In the first place it is always undesirable, and in the case of a male patient unseemly, and in the second place patients who are acutely ill need attention at night which cannot be given by a nurse who is asleep, while if she does not get adequate rest at night she cannot do good work in the day. So well-trained nurses cannot be found who will undertake such positions. The speculator, however, is nothing daunted. Why employ the thoroughly trained? Any woman with a

little experience in general principles, and common-sense, can, it is argued, add to that experience as she goes along. She will not make unnecessary objections, is much more amenable than a nurse who knows her work, and most important of all is cheaper. So the partially trained, ignorant woman is employed.

Then a further thought strikes the proprietor: Why not advertise for probationers? It would be good business. The probationers could be made to pay for the privilege of training, the public could pay for the services of the probationers, whom in the innocence of their hearts they believe to be skilled nurses, and so, on both sides, a money harvest is reaped, the commercial proprietor waxes rich, it is the sick who suffer. Nevertheless, in no department of nursing are better nurses required; for the class of patients who enter these home hospitals are accustomed to refinement, and not only require skilled nursing but are jarred by the lack, or the indifferent performance, of small attentions, which a hospital patient, not being usually accustomed to; does not miss.

Further, considerably more responsibility devolves upon the nursing staff than in a hospital where medical assistance is always quickly available.

Within the last week only, two tragedies have been reported in nursing homes. We do not imply that trained nurses were not employed, but we do say the occurrence of such cases points to the responsibility devolving upon them. A patient has been missing from a provincial nursing home since last December, and in London a patient who had attempted suicide, accomplished it while the nurse went to summon further assistance.

We hope that the medical profession will take the initiative in securing the organisation and inspection of Home Hospitals.

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